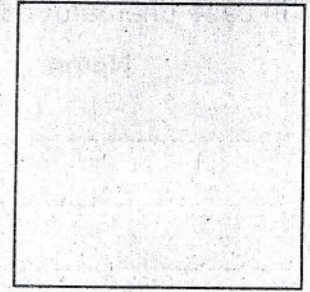


BIO-DATA



NAME: JOHN Rey B Sagone SEX male MARITAL STATUS: m
 DATE OF BIRTH : June 20 1983 AGE 30 BIRTH PLACE : Cotabato
 HEIGHT : 5'5 WEIGHT 76 kls NATIONALITY : Pilipino
 SG. LICENSE NO. : 11049563 EXPIRY DATE : Sept 15 2014
 SSS NO. : 09-2320758-2 TIN :
 RESIDENCE : Brgy 5-A Bangkerohan D.C RELIGION : alliance
 PROVINCIAL ADDRESS : north cotabato

EDUCATIONAL ATTAINMENT

ELEMENTARY SCHOOL : Bulatukam Elem school YEAR TAKEN : 1998
 HIGH SCHOOL : Kisante national Hight YEAR TAKEN : 2003
 VOCATIONAL COLLEGE : YEAR TAKEN :
 COLLEGE : YEAR TAKEN :

WORKING EXPERIENCE

NAME OF COMPANY	# OF YEARS	SALARY	CAUSE OF SEPARATION
Dole Stanzelco	2001 to 2006		end of contrac

PARENTS / WIFE

NAME	ADDRESS	OCCUPATION
Carlos Sagone (FATHER)	5-A Bangkerohan	NONE
Elda Sagone (MOTHER)	5-A Bangkerohan	Housewife
Jenny Rose Sagone (WIFE)	5-A Bangkerohan	lady Guard

Name of Children

JOHN Harold Sagone



Republic of the Philippines
Department of the Interior and Local Government
PHILIPPINE NATIONAL POLICE
CIVIL SECURITY GROUP
SUPERVISORY OFFICE FOR SECURITY AND INVESTIGATION AGENCIES
Camp Crame, Quezon City



SOSIA CTRL

Nº 034683 -A2

9/15/2011

ORDER OF PAYMENT

Date

TO: Land Bank of the Philippines (Acct No. _____)

Pursuant to RA 5487, as amended, request accept payment from Mr/Ms John Ruy B. Sagone

In the amount of (P 450.00) four hundred fifty

Individual Licensing

- ☒ SG License 3 yrs P 300.00
- ☐ SO License 450.00
- ☐ SC License 450.00
- ☐ PD License 450.00
- ☐ GG License 15.00
- ☐ CO License 300.00
- ☐ ID Capture 150.00
- ☐ AG License 300.00
- ☐ B & AG 300.00
- ☐ PA 450.00

Private Security Agency

Licensing

- ☐ National License Fee 5,000.00
- ☐ Registration Fee 100.00/Guard

Security Industry Training

- ☐ Basic Security Guard Trng Crse 200.00
- ☐ Refresher Trng Crse 100.00
- ☐ Basic Security Supervisory Crse 300.00
- ☐ Specialized Trng crse 300.00
- ☐ Accreditation 5,000.00
- ☐ Training Officer 450.00
- ☐ Training Director 450.00

Enforcement of RA 5487

- ☐ Administrative Fine P _____
- ☐ Clearances/Certification 50.00
- ☐ Authentication 100.00

Canine Security Management

- ☐ K9 Administrator 450.00
- ☐ K9 Evaluator 450.00
- ☐ K9 Handler 450.00
- ☐ K9 Trainer 450.00
- ☐ K9 Instructor 450.00
- ☐ K9 Accreditation 5,000.00

Others; Specify _____

Processor: _____

For the Chief, SOSIA: _____

PROCESSOR



Republic of the Philippines
Department of the Interior and Local Government
National Police Commission
PHILIPPINE NATIONAL POLICE
Camp Crame, Quezon City

SBR Nº 11089583

SPECIAL BANK RECEIPT

DATE _____

PNP Form SBR 1-A

COLLECTING BANK	
ACCOUNT NAME	
ACCOUNT NO.	
PAYOR'S NAME	
OP #	
AMOUNT (Amount in Words)	
MODE OF PAYMENT	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK	
Bank & Check no./Date Issued	

<input type="checkbox"/> NFB	<input type="checkbox"/> TMG	<input type="checkbox"/> PAYMENT RECEIVED
<input type="checkbox"/> SAGSO	<input type="checkbox"/> DI	
<input type="checkbox"/> SL	<input type="checkbox"/> HS	
<input type="checkbox"/> HSS	<input type="checkbox"/> Others	

VALIDATION

LBP SAN PEDRO (D) T3(ELENA B TOM)
09-15-2011 13:44 Trxn. Seq. #: 28600
POLICE TMG CASH Payment
Clrng. Acct. No. 1862-2220-63
PAYOR'S NAME J R SAGONE
SBR NUMBER 11089583
OP NUMBER 034683
Amount 450.00

**CERTIFIED PHOTO COPY
FROM THE ORIGINAL**

JOSEPH B. SEPULCHRE, PEST
POLICE SUPERINTENDENT (DSG)
CHIEF SAGSO

SEP 15 2011

APPLICANT'S COPY

Republic of the Philippines
Social Security System



JONNREY BETIL SAGONE

09-2320758-2

AUGUST 20, 1983

Jonnrey



CORAZON S. DE LA PAZ
SSS PRESIDENT



PROUD TO BE A FILIPINO

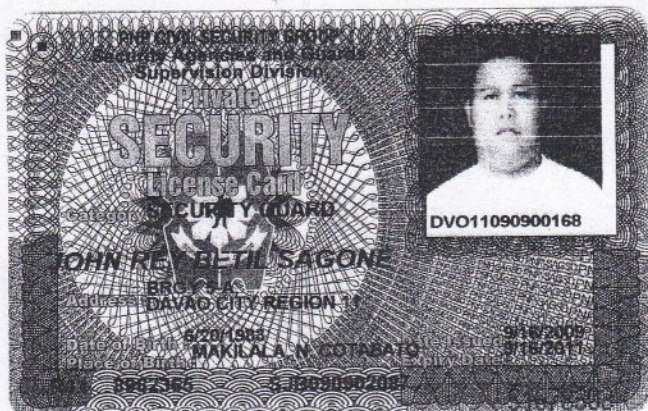
SIGNATURE OF LICENSEE

ISSUED PURSUANT TO R. A. 5487 AS AMENDED MAYBE REVOKED OR CANCELLED BY ISSUING AUTHORITY IN ACCORDANCE WITH THE RULES AND REGULATIONS ISSUED BY THE PNP

INSTRUCTIONS

1. ALWAYS CARRY THIS LICENSE WHENEVER ON DUTY.
2. PRESENT THIS LICENSE TO ANY PNP INSPECTOR PROVIDED WITH WRITTEN AUTHORITY TO CONDUCT INSPECTION
3. FILE APPLICATION FOR RENEWAL OF THIS LICENSE SIXTY (60) DAYS BEFORE EXPIRY DATE
4. DO NOT USE THIRD PARTIES IN APPLYING FOR RENEWAL OF THIS LICENSE
5. IN CASE OF CHANGE OF EMPLOYER AND OR HOME ADDRESS PLEASE NOTIFY THE CHIEF PNP SAGSD IMMEDIATELY
6. IF FOUND, FINDER IS REQUESTED TO RETURN IT TO THE OFFICE OF THE CHIEF / PNP SAGSD, CAMP CRAME QUEZON CITY

DANILO UALAT GAOIRAN
Police Chief Superintendent, DSC
Chief, SAGSD



- IMPORTANT**
1. The Number on this card is your permanent PhilHealth Number.
 2. This card is not for identification. It is for verification purpose only. Please present a reliable ID when requested.
 3. Use the name and PhilHealth Number as indicated in this card in all your transactions with PhilHealth.
 4. In case of loss of this card, please notify PhilHealth and apply for a replacement. Do not apply for a new number.

President and CEO
ENRIQUE M. ZALAMEA

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

PhilHealth Number
17-025057478-1

Is issued to
SAGONE, JONNREY B.

Member

Signature
Jonnrey